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In this issue:

MY LIFE IN DENTISTRY BEGINS AT 50

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## The Publisher's CORNER

By Mass



No. 402

### **Memories of East Aurora**

AN OLD BOOK has stirred memories. Mildred Spouse sent it. It's "Elbert Hubbard of East Aurora," by Felix Shay. If you're old enough yourself, Shay's book might stir memories for you, too.

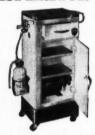
The most recent memory that comes to mind dates back almost exactly two years. Then it was that a letter came from Elbert Hubbard's son Bert, a friend not heard from since long before the war. Bert Hubbard (Elbert Hubbard II) wrote from East Aurora, New York, where his father had in the early 90's founded The Roycrofters, starting with a printing plant. In the lovely village of East Aurora, The Roycrofters' establishment grew from small beginnings into a group of beautiful stone buildings, shaded by great trees.

My first sight of the place was in the fall of 1918 on a trip there to see about having these folks print Oral Hygiene for us.

This magazine's founder, the late Linford Smith, had been a friend of Elbert Hubbard's, a friend of The Roycrofters. That



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was before my time. I never knew Fra Elbertus—that is, he never knew me. A couple of times I heard him speak and listened, enthralled, with my mouth open and my ears akimbo. Too, I read Elbert Hubbard's magazines, *The Philistine* and *The Fra*. And of course, like countless others, I read "The Message to Garcia," which by 1913 had achieved 40,000,000 circulation. It and some of Elbert Hubbard's other writings are still being published by Elbert Hubbard II from his headquarters in East Aurora.

In Bert's letter, he told about General Motors buying 235,000 copies of "The Boy From Missouri Valley." But, Bert added, "The orders aren't all like that!"

The memories of East Aurora are the kind of memories you cherish, the kind you love to recall—not only the quaint little village, not only the beautiful buildings and the beautiful trees, but the lovely people there, starting with Bert Hubbard, who had taken on the heavy burden of management when Elbert and Alice Hubbard went down in the Irish Sea on the *Lusitania* on May 7, 1915.

It was three years later that I started going to The Roycrofters from time to time to see about the printing.

The late great Elbert Hubbard seemed somehow still to be present. I know he was still there in the hearts of the people who worked with him for so many years.

Like their beloved boss, they evidently believed that you must "Get your happiness out of your work, or you'll never know what happiness is." Too, with him they must have believed that "Blessed is the man who has found his work." At any rate it seemed so. The Roycrofters I knew were happy people. And nothing seemed to be too much trouble. Many of them became good companions of mine. It is pleasant to think of them now.

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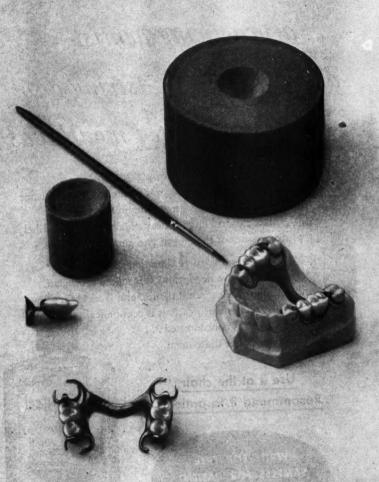


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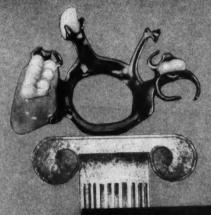


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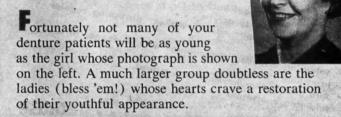
The young patient in the above photograph used to avoid opening her mouth in public. Rampant caries and abscesses had made necessary the removal of most of her anteriors and many of her posteriors. Thanks to the "Y" moulds in Myerson's Dura-Blend plastic tooth line, she is entering her teen age years as she appears here — with a happy smile! The mould used was YM-3, color H.

Complete details of this case will be gladly furnished on request.

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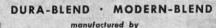
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\*Sherber, D. A.: The Control of Bleeding, Am. J. Surg. 86:331 (Sept.) 1953.



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- to control active bleeding: One ampul (5 mg.) every two hours until bleeding is controlled; frequency of dose may then be diminished.
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   then every three hours until bleeding is controlled.
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   then 1 to 5 mg. orally four to five times daily until bleeding ceases.
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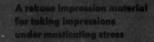


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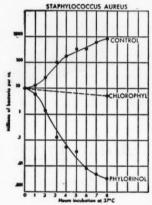
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## VOL. 45, NO. 1 Oral Hygiene

JANUARY 1955

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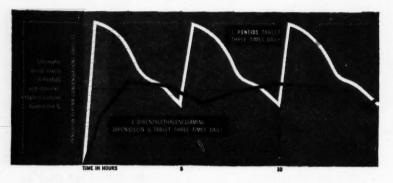
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### Picture of the Month



IN MEMORY of the late Doctor W. Earle Craig, a plaque commemorating "outstanding contributions to his profession" was presented to his wife in Pittsburgh during the Pennsylvania State Dental Society-Odontological Society meeting. The presentation was made by Doctor Charles Patton of Philadelphia, who succeeded Doctor Craig as a trustee of the American Dental Association. Pictured with Mrs. Craig are her daughters, Mrs. Thomas G. Coyne and Mrs. Donald J. Lee.

Prior to his death last fall, Earle Craig served many years as an associate editor of Oral Hygiene and Dental Digest, in addition to conducting an active practice and taking part in numerous professional and civic activities.—Photograph from Pittsburgh Sun-Telegraph.

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



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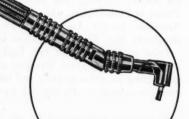
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## Select Your Tax Expert With Care

BY M. A. PATRICK

Author gives some practical suggestions for saving money legally in filing your income tax return.

THIS IS the season of the year when every community in the country develops a bumper crop of tax experts. In some instances these men and women are the authorities they represent themselves to be, but a discouragingly high percentage of those offering their services fall far short of possessing the qualifications the dentist should enlist when he requires assistance in filing his tax return.

There is profit in the tax expert business because of the simple fact that most persons have a fear of government forms and are of the opinion that the Bureau of Internal Revenue is interested in overcharging every taxpayer. Of course, the tax expert represents himself as being in a position to by-pass these hurdles. For a fee, naturally.

The return of the average dentist usually presents complications different from the salaried worker, and for this reason the help of a qualified expert is likely to bring about worthwhile dollar and cents savings. However, if a self-styled

authority who makes out a return indicates certain saving possibilities, this does not automatically classify him as an expert. Even though they charge for their assistance, few tax experts assume personal responsibility for the completed return. The obligation for correctness remains with the taxpayer. This fact was demonstrated in the case of returns made out by one consultant and reviewed by revenue collectors. It was discovered that among 900 returns there was due in additional taxes, penalties and interest more than \$114,000. Many persons, though they had been let in on a tax bargain, found themselves billed for extras they had not anticipated.

#### Selecting a Consultant

A dentist who believes it will be to his advantage to enlist outside cooperation in making out his return is most likely to be benefited if, before deciding on the one to help him, he measures the man or woman against these four questions: 1. Does experience and education qualify him as an expert?
2. Has his reputation been established in the tax or related fields?
3. What occupation does he follow throughout the year? 4. And, is he familiar with the tax problems peculiar to the dental profession?

Even though the dentist knows an expert has all these qualifications, he should not overlook the most obvious source of competent In offices assistance. of Bureau of Internal Revenue located throughout the country there are officials ready and anxious to contribute the benefits of their specialized knowledge without cost. These men are just as interested in granting proper deductions as the dentist is in saving every tax dollar possible. Also, just prior to the April 15 deadline, many banks and certain business houses will set up temporary departments to help depositors and customers who are baffled by tax-paying requirements. Those placed in charge of these special service departments naturally are selected because of their known qualifications.

Although a number of publications claiming to simplify the job of making out tax returns appear each year on newstands, the Information Office of the Bureau of Internal Revenue states that few of these are seen or checked by the Bureau before they are issued. This, of course, is not the case with the authoritative booklet sent out with each tax form.

The dentist who finds that his mind goes blank when he attempts to struggle through an involved tax form need not consider that this is an indication of a low IQ. He has plenty of company. However, despite this inability to interpret "simplified" instructions, he should read about the subject and listen attentively to radio and TV broadcasts offered by Internal Revenue experts. Even though the facts presented may not equip him to fill out his own return, he will learn the financial information that should be made available to the one he selects to help him with his tax problems. By gathering this material in advance, his session with the tax expert will be shortened and probably the sum he will be required to pay will be lower.

Even though the professional man may not wish to mail in his return well in advance of the due date, there is no reason for putting off the task of filling in the necessary forms. This can be done any time after January 1, when all the financial facts for 1954 are in and have been checked carefully. The form then may be put aside and scheduled for mailing on any day up to the April 15 deadline. It is a pleasant feeling to know that this distasteful job is out of the way.

1007 North 64th Street Philadelphia 31, Pennsylvania



Major General Earle M. Jones, (left) pins a second set of stars on Roy A. Green, new commanding general of the California National Guard's 49th Infantry (Argonaut) Division, indicating his promotion from brigadier general to major general.—Photograph courtesy of California National Guard.

Dentist Heads California National Guard BRIGADIER General Roy A. Green, Sacramento oral surgeon in civilian life, has been named commander by Governor Goodwin J. Knight, of northern California's 49th Infantry (Argonaut) Division, California National Guard, with the rank of Major General, as announced by Major General Earle M. Jones, state adjutant general.

General Green, who was assistant division commander since October 1950, succeeded Major General Curtis D. O'Sullivan who retired October 29 after 37 years of service.

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The only dentist in the National Guard of the United States to hold a commission as a "general of the line," General Green's military career dates from October 1918 when he enlisted in the Student Army Training Corps.

First commissioned as a second lieutenant in the Dental Corps, November 1925, General Green changed his branch to infantry, was commissioned a second lieutenant and assigned to the 184th Infantry Regiment, "Sacramento Valley's Own" in July 1926. He was promoted through the ranks and served in various capacities as a company commander, regimental staff officer, and was a lieutenant colonel commanding the third battalion when the 184th Infantry entered federal service in March 1941.

As commanding officer of the first battalion, he participated in the landing at Kiska; capture of Kwajalein in the Marshall Islands campaign; Leyte campaign; Okinawa campaign; and occupation duty in Korea.

He commanded the regiment from January 1945 until March 1946 and was promoted to colonel, July 1945. When the California National Guard was reorganized following World War II, he again commanded the regiment until assigned as 49th Infantry Division assistant commander in October 1950. He was nationally recog-

nized as a brigadier general the same month.

The California National Guard Officer Candidate School was established in 1950 mainly through General Green's efforts. He served as its first director.

General Green has received the following decorations and awards: Silver Star Medal, Bronze Star Medal with three clusters, Combat Infantry Badge, World War I Victory Medal, American Defense Medal, American Theater Medal. Asiatic Pacific Medal with four battle stars and one arrowhead for Aleutian, Kwajalein, Leyte and Okinawa campaigns, Occupation Medal, World War II Victory Medal, Philippine Liberation Medal with two battle stars, and California Medal of Merit with oak leaf cluster.

He is a native of Sacramento, educated in Sacramento schools, and a graduate of University of California College of Dentistry.

His military schooling includes Command and General Staff College, Special Refresher Course Amphibious Training Command, and Air Ground Operations School.

General Green's new command includes National Guard units in most major communities in Northern California from the Oregon border to the Tehachapis with division headquarters in Alameda. He resides at 5715 North Avenue, Carmichael.



#### BY WILLIAM R. EBERLE, D.D.S.

"Miss Newcomer, how did you ever happen to lose that last molar on your lower left side?" inquired the dentist.

"Doctor, that tooth was lost when I lived in Ferryville. I had a cavity that bothered me, and the dentist removed the tooth without so much as taking an x-ray. I think it could have been saved. What do you think?"

The dentist, of course, without specific objective evidence is not supposed to think. The frequency of similar queries, however, emphasizes the increased awareness of the laity that dentists do extract teeth without cautious prognosis. It is patent that a large per cent of the public understand that extraction is the easy and quick way out of dental difficulty but not necessarily the best way.

## Preventive dentistry implies reconstruction rather than extraction.

This misgiving was voiced by C. Shields in his article WHEN SHOULD A TOOTH BE EXTRACTED? Mr. Shields stated that an extraction was "as final as death" and how right he is. He related several lamentable incidents to which we would add the following:

A woman, referred by another dentist, came to the office with her handbag loaded with a miscellany of dentures and a history of complete dissatisfaction with their appearance and function. Anatomically the case was desperate and her series of failures had alienated a personality that probably was unsuited originally to the wearing of dentures. When asked "How did you lose all your teeth so early in life?" the reply was, "Well, you know Doctor Yankum was a handy man with the forceps, and if a

<sup>&</sup>lt;sup>1</sup>Shields, C.: When Should a Tooth be Extracted? ORAL HYGIENE 44:1060 (August) 1954.

tooth was troublesome, out it came."

It is not always possible to prognosticate problem denture cases but it should be part of the consideration before extracting. Especially since statistics show a high percentage of denture failures despite our better materials and techniques. Perhaps the question raised by Mr. Shields could be answered better by explaining "When NOT to Extract Teeth." Such an assertion accents the importance one tooth might have for the preservation of mouth health.

#### **Twentieth Century Dentistry**

During most of the 19th century the dentist knew little preventive dentistry. He treated symptoms, extracted teeth and sold replacements. The extraction of teeth is the simplest form of treating symptoms. Let no dentist fool himself, the intelligent patient, whom he must cultivate to build up a fine practice, is fully aware of the difference between 19th and 20th century dentistry. Several years ago a man of average means came to the office. Two dentists (one an old friend) had told him that full dentures were the only solution to his dental problem. His mouth contained many healthy roots. It was restored with splints and bridges at a cost six times that of full dentures. Such patients are impressed with the importance of home care and frequent inspection. Every time he returns he beams gratitude, and his entire family has been added to the patient list.

Twentieth century dentistry is preventive dentistry. When the question of extraction arises, the first consideration should "What effect will the extraction of this tooth have upon the preservation of the entire mouth?" Nothing is so devastating as the removal of the last molar in that quarter of the mouth. When the cuspids or bicuspids are all that remain in one quarter of the dentition, that side of the mouth is in desperate imbalance. The conventional partial denture will not hold the line. It settles, and the clasped tooth is traumatized. Eventually the entire mouth is in collapse.

Thus the considerations in deciding on an extraction are:

1. How important is this tooth in preserving the balance of the mouth?

2. How difficult will it be to replace this tooth adequately?

3. If involved, periodontally, could it be splinted or the trauma otherwise removed?

4. Can it be saved without jeopardizing the health of the patient?

The last consideration is probably one of the greatest contentions of dentistry. The abscessed tooth and the "dead" tooth have made medical headlines since 1911 when Sir William Hunter, an English surgeon, soundly attacked American dentistry as "mausoleums of gold over a mass of sepsis." Many others called attention to the dan-

gers of foci of infection which caused anything from arthritis to acne. Without benefit of scientific method, wholesale extraction of teeth, which failed to cure much of anything except toothache, followed. Many people lost their teeth because diagnosis came to a dead end and total extraction offered a final alternative. Exodontics and prosthodontics became the most interesting and lucrative specialties in dentistry.

# Is Arsenic the Villain?

Perhaps the most significant observation in connection with this obsession over the dangers of focal infection is the part that arsenic trioxide played. Previous to 1920 everyone used this drug to devitalize pulps. It was used long enough, mostly, to cause necrosis of the bone and the tooth at the apex. Roentgenograms of that period showed extensive granulomas at the apex of almost every treated tooth. Such ominous, frightening, pictorial evidence scared the patient and cast suspicion on any tooth that did not respond to a pulp test. This suspicion still exists in the minds of many who ignore or are unaware of the impressive refuting evidence, which has accumulated in physiology, histology, and pathology. This evidence shows the devitalized tooth to be no more a menace to health than the devitalized fingernail. The tooth and the fingernail are analogous physiologic structures, which have a blood supply on one side and possible infection on the other. The pulp of a tooth builds the tooth and there its function ceases. All of us have drilled into a tooth in older patients in which we have found, due to secondary dentine, that the pulp had ceased to exist. Should this tooth be considered dangerous?

The "dead" tooth (per se) has not been proved a menace to body health. Implants, replants and transplants, which are tolerated but do not have the benefit of the periodontal attachment and blood supply of the dead tooth, are additional evidence in support of the saving of teeth through endodontics or periodontics.

Progress in endodontics, with better equipment, polybiotics and apicoectomies make it possible to formulate a rule that virtually no teeth be sacrificed if they have value in supporting articulation. Certainly under present techniques, with few exceptions, no anterior tooth need be sacrificed. The extraction of an anterior tooth usually means cutting into two proximal teeth for replacement. It would seem that apicoectomy and a wellbuilt crown would provide a better answer.

The exceptions to this rule:

- Loss of three-fourths or more of the periodontal attachment.
  - 2. Orthodontic exigencies.
  - 3. Supernumerary teeth.
  - 4. Extensive caries of the root.
  - 5. Impacted teeth.

From the numerous discussions on this subject, it is evident that many dentists justify their frequent resort to extraction because they feel that the patient could not or would not pay a fair fee for the time and effort consumed in saving the tooth. This is a lame excuse and it arouses the suspicion that the real reason is an aversion to the travail of operative dentistry.

An example of this came to our attention recently. A girl of 19 with severe gingivitis, mostly from neglect, went to an office conducted by brothers in a neighborhood where industry was heavy and education was limited. She was told her mouth was in a hopeless condition, and if all her teeth were not removed, she would develop cancer. This scandalous story can be verified by the dentist who later saved her mouth. He found but two proximal cavities.

Such incidents are, of course, the exception. Patient education on the value of a healthy mouth and the high cost of keeping it that way should represent a good part of the efforts of every ethical dentist. Most of the public earn wages high enough to pay for the best in dentistry. Most of them are intelligent enough to understand our in-

struction on the difference between 19th century and 20th century dentistry.

There is something wrong with our education of the public when destruction of the mouth pays better than reconstruction. The public spends more on soft drinks and greeting cards than on dentistry. They also spend three times as much on "do it yourself" power tools, seven times as much on liquor and over twice as much in beauty salons and barber shops. Who says John O. Public cannot afford the best we have to offer? All we need is the enthusiasm and incentive to educate our patients. The 20th century dentist we know swears to the oath of Hippocrates. He should be a physician and guardian of the first organ of digestion. He should use all means possible to maintain its efficiency. It is important for him to understand that the loss of any tooth reduces mouth function, and, finally, that full dentures reduce efficiency to the lowest possible level.

Let us make the rule; never extract without careful consideration of all factors and a strict application of the Golden Rule.

55 East Washington Street Chicago, Illinois

# PATIENT'S POSITION IN LIFE AND DENTAL SERVICE

It is understood that most persons of the better sort want the best dental care, irrespective of cost. When a patient applies for treatment, a dentist should understand his rank and should not suggest the performance of a grade of service below what his position in life entitles him to receive.

—Charles R. Hambly, D.D.S., The Practice Builder (1902).



Pictured above is Doctor Meistroff's radio equipment that he has set up in his office.

The Dentist and Ham Radio BY C. L. MEISTROFF, D.D.S.

Virginia dentist describes his most satisfying international hobby.

In these modern times of high pressure living and tense existence, little, if any, thought is given to the most necessary and vital factor of learning how to relax—in other words to have either a hobby or the siesta habit. I am most fortunate in that I have managed to

have both! A hobby is a form of activity in which physical and mental tension are eased. Playing golf, for example, is one such hobby if one takes it in his stride and does not allow the game to run him instead of controlling it for the end result-relaxation. The idea is to make a hobby a pleasant activity instead of letting it become merely a routine habit. Of all hobbies, fishing, no doubt, is the most relaxing. Picture yourself in an anchored boat, an idle line, hat over your eyes, and fast asleep—it can't be beat!

# **Apply Dental Skills**

There are many hobbies that provide relaxation and easing of tension-the dentist is drawn subconsciously and is almost always interested in one that employs finesse, accuracy, digital dexterity, thought and tools; in other words, he is attracted to an activity that utilizes the same reflex paths reguired in his office but in a totally different manner. Examples are tying wet or dry flies, woodworking, metal craftsmanship, painting, lapidary art; but there is one hobby that is a final answer to all this, and even employs mathematics if one so desires, and that is "Ham Radio."

Here is a hobby that is fresh, stimulating, with world-wide connections in all strata of society and one that can be employed in the office as a between-patients relaxer; there may even be "Hams" among your patients. This hobby does much in helping to build clientele and to keep it. One thing more to consider is the friendship and comradeship it creates which is not on a professional basis—it is free from all professional influence. "Ham Radio" is an activity that enables the participant to do his country a service as he develops his hobby.

My interest in amateur radio was initiated in a most unusual way. On April 14, 1912, the Titanic went down. The fascination of wireless communication from sea to land was hypnotic in its effect on me. Your impetus may be the "Ham" down the block or next door whose station is blanketing your television set or getting into your office or telephone with a CQ-DX. When he can demonstrate to you that he does not interfere with his television and can adjust yours, you might get the "bug" too. Whatever is the initial impetus to the interest, it will be sufficient to start you on the way. To be at your own "rig," to talk to someone in almost any part of the world, weather and interference conditions permitting, to help in the relay of messages from one locale to another, to assist in Civil Defense, as well as emergencieslocal, statewide, or national-these are some activities one must experience, as writing about them is a poor substitute. The endless fields of electronic research are in

the dental frame of interest and

are suited to the dentist's mentality.

To be a "Ham" is something of an honor; one does not apply and be accepted per se; far from that. One must take a Federal Communications Commission examination of thirteen words per minute, both sending and receiving for five minutes. There is a practical examination with a heavy theoretic background that one must pass or else. This one phase alone will compare with any state-board hurdle; you must "know" or it's no go. Memorizing facts will not help, because once you have your own apparatus on the air, you must maintain it and keep it going to insure good and efficient operation. You must know your facts, how to trouble shoot if anything goes wrong; you must know everything about your set from antenna to "mike" or key. The employment of high voltages and high frequency currents entails care and some engineering technique and comprehension. Lack of knowledge is no excuse if you accidentally grab a hot lead. I passed my "exams" and finally got my "ticket" or license. It was a proud day when I was told that W 4 T F A was my call. This sort of designation places the operator in a niche by himself and above the average.

After release from military service in 1947, I resumed my "Ham Radio" again; there was and still is available a huge abundance of war surplus material that can be converted to amateur use. Even

the diathermy machines that have to be discontinued can supply some good high value transformers for high frequency transmitters. I experimented with and finally I had the "rig" shown in the accompanying photograph set up in my office on the air. Many of my patients are "Hams" with experience and it is not unusual for one to be waiting at the transmitter while the anesthetic makes itself manifest on his "gums"—in the meantime, I am taking care of another patient.

# **Attracts New Patients**

Solution of the problem of television and broadcast interference helps a great deal in creating friendship; so does stopping chatter on the telephone. I have done this for several neighbors and they have become my patients. Originally they wanted to see the gear and watch me operate; finally they became sufficiently interested to have me help them with the code. theory and fundamentals, in order to qualify for the FCC examination. It is laughable how annoyed some people become when all interference is stopped, and they can no longer eavesdrop on your "contacts"-they think they have lost touch with the outside world.

The local radio club is free from internal and personal bickering among individual professions or political beliefs. All vocations and occupations are on a common level because of an interest in "Ham Radio"-the railroad employee, the clerk, the mechanic, the physician and the dentist, the architect and the attorney. Their problems are similar, and herein lies the secret of this friendship and bond. On the air I have met other "Hams" who are dentists and physicians, technicians and educated laymen. Soon after you begin to discuss something on the air, it develops into a roundtable conversation stretching from Los Angeles to Houston, from Cincinnatti to Utica, New York: from Greensboro, North Carolina to Baltimore: with a few Canadians, European and Latin American colleagues throwing in their opinions, so that events arrange their own schedule of enjoyment into the early morning hours.

Using one's fingers in applying proper tension to wires and carefully made leads, the delicate handling of cables, soldering neatly and handling long-nosed pliers and tools, are similar to designing a Chayes unit or a partial denture—the same precision is required. Recently a patient paid me \$50

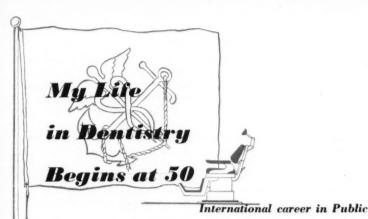
in worthless checks; when he did not keep his appointment for follow-up treatment, I found that he had left his hotel in the early hours. Immediately I got in touch with several out-of-town colleagues via radio and gave them a full description of the man and his mouth as had been given to the FBI—the fact that he needs a dentist to make his dentures, and also that his "x-rays" are akin to fingerprints, means that it is merely just a case of waiting.

I have acquired friends and colleagues both in this country and abroad, have had many moments that I treasure and have participated in a genuine fostering of international friendship—these things make "Ham Radio" universal in its overall appeal. The layout of my office equipment pictured here is such that when patients inquire about it, thinking it is the best, latest and most modern of dental "x-ray" units—well, how can I disillusion them?

113 East Grace Street Richmond, Virginia

### THE COVER

This month's cover photograph is a night scene of Chicago's Michigan Avenue looking north from the famed water tower, which survived the great fire in 1871, to the Palmolive Building on the right. From February 6 to 9, 1955, the 90th Midwinter Meeting of the Chicago Dental Society will be held in the Conrad Hilton Hotel. Special features added to the regular program of clinics, lectures, film presentations, and exhibits, will be symposiums on oral cancer, patient grievances, and practice management. For detailed information write to K. S. Richardson, Executive Secretary, 30 North Michigan Avenue, Chicago.



Health leads to dental college.
BY JOHN G. AULT

After twenty-five years of service in the field of Public Health-now I have time to study dentistry. At the age of 48, and after months of weighing the question whether or not it would be advisable to inactivate my commission in the United States Public Health Service and return to school to prepare myself for a new profession, I became a student in the college of Dentistry, University of Tennessee. I made the decision with the belief that in the field of dentistry, I can render a greater service in Public Health.

As a sanitarian in a mountain county of eastern Kentucky, I began my career in the field of Public Health. After several years of service in environmental sanitation, I accepted a position in a Kentucky bluegrass county known to the Kentucky mountaineers as "down in the settlements." For the next twelve years I continued work

with the Kentucky State Health Department in milk, food, and and general sanitation.

At the beginning of World War II, I was commissioned in the United States Public Health Service. Since that time I have been assigned to duty both in the United States and foreign countries with the United Nations Relief and Rehabilitation Association.

After the close of World War II and my return to state duty, I was graduated with a master's degree in Public Health from the School of Public Health, University of North Carolina.

I was then assigned by the Communicable Disease Center of the United States Public Health Service to Regional Office IV in Atlanta, Georgia, as a consultant for communicable disease programs in the states comprising this region.

In recent years greater emphasis than ever before has been placed on educating the public as to the tremendous importance of controling all oral diseases. Recognizing the relationship of dental health to general health and the need for better dental health instruction for both children and adults, public health facilities and activities are being expanded and intensified as rapidly as finances will permit.

Despite the universal knowledge that sound and healthy teeth and tissues are essential to general good health, few effective programs for dental health have been developed.

Even vet, in the minds of some, there may be a question as to whether or not dental health should be a major function of public health. It is accepted that preventive measures help reduce the incidence of caries, diseases of the tissues of the oral cavity, and permanent teeth mortality. The educational, as well as the corrective program of the practicing dentist, is a part of the preventive program. Clinical treatment is the sphere of the private practicing dentists who can and will discharge this duty in all instances when the service is needed. However, many people lack the financial means for purchasing dental service and, likewise, practicing dentists cannot be expected to perform all of the necessary corrective service without compensation. Therefore, in dealing with a disease condition as important as dental caries, and which so vitally affects the general health, the health authorities through necessity must take up where the practicing dentist finishes. Dental health must thereby become a legitimate function of health agencies.

Recognizing the fact that the dental health program, to be effective, must like other phases of health service be a long-range project, I believe it must be integrated into the services of the health unit.

In recent years, working toward this goal, the mobile-dental-clinic program, giving service for preschool and elementary under-privileged children in communities where there are few or no dentists, has had a successful beginning.

Both the topical fluoride program and fluoridation of public water supplies have been progressive steps in the control of dental caries and the advancement of dental health.

To one with many years of interest and experience in various phases of health care, the advancement in dental health creates a challenge for greater service in my profession, one which I have been unable to ignore. If, after completion of my training in dentistry, I can meet this challenge in a new career at an age when many men are thinking of retirement, the necessary sacrifices made to reach this goal will have been merely stepping-stones to a new life of deeper satisfaction and broader service.

826 Sherwood Road N.E. Atlanta, Georgia

# So You Know

# Something

# About

# DENTISTRY!

# ?????

# CXXIV

- 1. True or false? Curettement is unnecessary in cases of suppuration when no granulation tissue is present, and may do harm by spreading infection.
- 2. In centric relationship of the jaws the muscles are (a) completely, (b) partly, (3) not at all, relaxed if the jaws are at rest with upper and lower teeth slightly separated for about 2 to 3 millimeters.
- 3. Why is it important to relieve the upper denture in the area

of the incisive papilla? \_\_\_\_\_

- 4. What are the two basic weaknesses of self-curing acrylic resins?
- 5. Absorption through the mucous membrane of the mouth is (a) rapid, (b) slow.
- When should orthodontic treatment of class III malocclusions be instituted?
- 7. Thrombin in solution may lose its potency after (a) 3, (b) 5, (c) 8 or more, hours at room temperature.
- 8. True or false? The lateral diastema is found only in the upper jaw.
- Does the dental plaque appear to have the ability to store acid and to hinder the saliva from neutralizing it?
- The discolored dentine frequently noted under amalgam restorations is (a) radiolucent,
   (b) radiopaque.

FOR CORRECT ANSWERS SEE PAGE 66

# Are Children's Fears in the Dental Office Real? BY CHARLOTTE FRIED, D. H. the future of the primary teeth

CHILDREN'S dentistry involves more than the mere placing of restorations. In order to provide children with the fullest benefit of dentistry, we must recognize the important relationship between pedodontics and mental hygiene.

Even the simplest operation demands serious consideration and intelligent appreciation of the child's changing physical structure, a balanced emotional state and mental attitude. Interaction of these factors determines the degree of success of every dental operation.

Every procedure of the pedodontist is conditioned by his ability to win the confidence of his patients. Considering that children have no social inhibitions, we observe that they say what they think and do what they feel, especially the three-to-six-year-old group. It is important to appraise every phase of pedodontics in terms of prevention, because what affects

the future of the primary teeth affects the welfare of the permanent dentition. Therefore, we may say that preventive dentistry and dentistry for children are basically synonymous. With these facts in mind it is clear that the prevention and control of children's fears of the dental office are of utmost importance.

In viewing the adjustments of children in the three-to-six-year-old group, we find that they may display strong or even violent fears. The present and future well-being of each child demands that he be handled with intelligent and sympathetic understanding. The child's fears are *real* and must be respected as such.

Children, as well as adults, experience real fear of a dangerous situation. This is a normal fear. We may also encounter an unreasonable fear based upon the dread of a danger which does not exist. This is an anxiety fear. When experiencing this fear, the youngster feels upset, but he does not know

An appreciation of the physical and emotional state of the child should guide the dentist's technique in his approach to young patients.

why. Furthermore, he attaches this worry to something other than the real cause, and the experience proves to be more than merely disturbing.

The difference between this anxiety fear and the normal fear is that normal fear is a response to what goes on outside, while on the other hand, anxiety fear is related to a deep uneasiness about problems within one's self. It is a deep inner feeling of helplessness when, in reality, there is nothing to fear. This anxiety fear then becomes a problem which we must help the child overcome.

# **Insecurity Causes Fear**

The common fears that young children exhibit are fears of falling, noise, unfamiliar objects, persons, and situations which deprive them of security. Some of these fears may be the result of a previous painful experience. If we observe a particular fear, it usually can be traced to a frightening episode. The child may have had a painful operation and exhibit a fear of dentists and physicians, medical offices, or even white uniforms. He may have been bitten by a dog, with the result that he is

afraid of all dogs or all animals.

A child three to six years of age can usually take things in stride when his parents are near. When his parents are away, the same stimuli can elicit terrifying responses. This is because he knows from experience that he is safe when they are present.

A child cannot be forced or reasoned into abandoning a fear. He can be led up to that point only when he feels safe. We must not hurry him, but rather permit him to take his own time in making this adjustment.

We can prepare the child for situations that are unavoidable. Two of the terrifying experiences for a child are to feel pain and to be deserted by his parents, especially in new surroundings. Parents can cushion a frightening experience by explaining in a matterof-fact way or by prior discussion what is to take place. Entrance into nursery school is a preparatory measure to help the child adjust to self-reliant situations. Such an expedient may serve to prepare the child to adjust gradually to a separation situation.

# **Build Self-Confidence**

It is of utmost importance to help the child build self-confidence and thereby overcome fears. We must help him obtain the selfconfidence necessary to meet varying situations. Each thing he learns to do for himself, to his own satisfaction, is one step on the road to independence. If he possesses a real inner assurance, he needs less reassurance from his parents. He should be protected from the things that destroy his confidence. These include neglect, repeated failures, harsh criticism, and, above all, shame, which should never be used as a means of destroying fear.

Techniques have been advanced which dentists may employ to help children overcome the fear of dental treatment.<sup>1</sup> It has been suggested that the dentist's approach to the child patient is one of the most important factors in child management. In addition to the proper technique of approach, premedication has been found to be a valuable aid in helping some children overcome the fear of dental operations.

The barbiturates in general are central nervous system depressants; a wide range of depression being controllable by proper selection of drug, dose and route of administration.

### **Use Premedication**

The intelligent use of premedication will prove to be a valuable aid to both patient and dentist. Indications for premedication in surgery may vary slightly from those for operative procedures. However, experience indicates that all may be listed under one of the following three categories:

1. It is well known that many children have been ruined as future dental patients by keeping them in the chair too long. Premedication serves to prevent the child from becoming restless and non-cooperative.

2. With proper dosage, fear and nervous apprehension as well as trepidation vanish, and the child comes to the chair with a feeling of drowsiness and well-being. According to Lundy,<sup>2</sup> the elimination of fear and apprehension has reduced the untoward results that may accompany the use of local anesthetics. The absence of fear and nervous tension has increased the margin of safety in the use of epinephrine, since fear tends to increase the patient's own output of epinephrine.

3. Hypnosis may be obtained by the administration of an adequate dose of seconal sodium or nembutal, and the operator can work under conditions that create a minimum of nervous tension. Generally, children managed in this manner gradually become less fearful of dentists and dental procedures. They also become more cooperative and confident of their ability to meet the situation in the dental office.

Management of the patient is one of the greatest problems of the pedodontist, especially when local anesthetics must be administered. Pedodontists realize that coopera-

<sup>&</sup>lt;sup>1</sup>Shiere, F. R.: Oral Anesthesia for Children, JADA 41:414-418 (October) 1950.

<sup>&</sup>lt;sup>2</sup>Lundy, J. S.: Balanced Anesthesis, Minnesota Medicine, pp. 399-404 (July) 1926.

tion is obtained on the basis of thorough explanation and reassurance of the patient. The fear of the needle is encountered in young patients. This fear can be traced directly to the use of the needle in previous immunizing procedures. Another fear springs from the exaggerated stories told by parents or playmates who have witnessed such procedures. Whether or not the child has an unfortunate fear of the needle, it is always wise to give warning before inserting the needle. One can mention that the needle may cause pain. It is best to be completely honest with the child. Thus, forewarning, proper handling and proper needle insertion are aids in building patient cooperation, rather than tending to destroy the child's confidence in the operator.

The anesthetization of sensory nerve endings by a topical anesthetic prior to needle insertion may be helpful. It has a definite physiologic value and a positive psychologic effect. Any pedodontic procedure that will assist in the elimination of pain warrants consideration. If the use of a topical anesthetic is progress in that direction, it should be adopted generally. By the elimination of pain we move toward the elimination of fear.

I have attempted to outline the actual fears that exist in children, the causes of these fears, and the possible ways to correct them. In addition to the recognition of the child's fear as a real experience, we must accept with tolerance the fact that *life is geared for adults only*, and therefore, we should not expect the child to adjust intuitively without our guidance, patience and understanding.

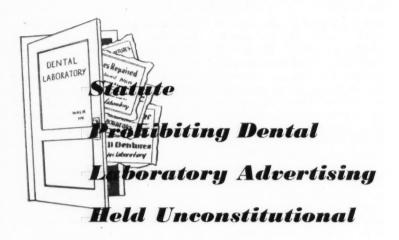
1285 S.W. 19th Terrace Miami, Florida

# **NUTRITIONAL REVOLUTION**

HEALTH must be recognized as the most potent preventive measure. Degeneration should not be the accepted expectation of a long life. Physiologic decline and cessation, not malignancies, swollen joints, and dentures was the promise for following the ancient law of conservation.

Our intense concentration on repairing has led us to overlook the fact that you can grow your health better and more economically than you can restore it. It has also caused countless numbers to miss the fulfillment of the age-old promise—

"Thou shalt come to thy grave in a full age, like as a shock of corn cometh in his season."—Illinois Dental Journal.



# BY ALBERT WOODRUFF GRAY

A CONNECTICUT statute prohibiting advertising in the practice of dentistry was amended to include dental laboratories within this prohibition. A few months ago this amendment was declared to be unconstitutional by the highest court of that state.

This statute prohibits, on the pain of a suspension or revocation of license, the advertising of professional superiority, prices, fees, free dental service or examinations by display or illuminated signs, handbills or newspapers.

In 1953 the legislature extended this prohibition to anyone, "Who directly or indirectly, by any means or method, furnishes, supplies, constructs, reproduces or repairs any prosthetic denture, bridge, appliance or any other structure to be worn in the human mouth, except on the direction of a duly licensed dentist, or who places such appliances or structure in the human mouth, or attempts to adjust the same or delivers the same to any person other than the dentist upon whose direction the work was performed, or who advertises to the public, by any methods to furnish, supply, construct, reproduce or repair any prosthetic denture, bridge, appliance or other structure to be worn in the human mouth."

Two operators of dental laboratories in that state, neither of whom was a licensed dentist, sued for an adjudication that the statute and this amendment were unconstitutional.

The constitutionality of statutes

# In Connecticut, dental laboratories are no longer subject to the provisions of the dental laboratory practice act.

prohibiting advertising by members of the dental profession has been frequently before the courts. In an instance of this character that occurred in Virginia, a dentist had been accustomed to advertise in the newspapers free dental examinations and the fees and terms under which his services would be rendered.

He sued the members of the State Board of Dental Examiners to prevent a threatened suspension or revocation of his license, contending that he had a constitutional right to advertise prices and that free examinations were available to prospective patients. The prohibition of such a right, he contended, was not only an interference with liberty and property in violation of the Constitution, but it also impaired the obligations of a contract.

# **Dentistry Regulated**

The Supreme Court of that state said in its decision of this action, "In recent years laws of the character here attacked regulating the practice of dentistry have been passed by a majority of the states. Thirty states prohibit the advertising of prices, twenty-eight prohibit the advertising by display signs carrying cuts or illustrations of teeth, twenty-one prohibit the advertising of free dental services, and nineteen outlaw the advertis-

ing of guaranteed dental work.

"In numerous instances the constitutionality of these laws has been attacked on the same grounds here advanced and in the great majority of cases the statutes have been upheld.

"With one accord these decisions point out that while the advertising of prices, terms and display of teeth may not be harmful in themselves, statutes of this character are aimed at the unscrupulous practitioner and the quack, who usually resorts to such 'high-powered salesmanship' methods to lure the unsuspecting public to their offices.

"It is for the legislature and not the courts to say whether or not it is necessary, in order to close the door to such an unscrupulous practitioner and to prevent the preparation of fraud and deception upon his patients, that all advertising except as permitted in the statute be prohibited. If the present statute burdens anyone's business, the answer is that it burdens it only that under its forms dishonest business may not be done."

The following year the validity of a similar prohibitory statute, in which had been catalogued twenty types of offenses which were classified as "unproffessional conduct," was before an appellate court in Texas.

In a comprehensive affirmation

of the validity of these laws that court said,

"Such statutes are upheld upon the further ground that they are necessary to protect the weak and gullible from their own incapacity when suffering from real or imaginary ills, to resist alluring promises of cures, guaranteed or not, and painless or not, at cheaper prices, with better facilities, more skillful treatment and the like.

"It is common knowledge that frequently persons of good health are prone to imagine they are in need of treatments and that anyone thus afflicted or suffering from some actual bodily disease, is more easily imposed upon than one who possesses a sound mind and body. He is inclined to grasp at shadows and is easily misled into paying money for treatments he does not need. His venture is not like the purchase of some tangible object that may be examined and approved before concluding a contract, but it is a matter of faith, trust or opinion, leading to treatment, that must be paid for whether beneficial or not.

"It is the design of these laws against unprofessional conduct to protect such persons, and to declare in legal effect as a matter of public policy, that all advertising of medical business which is intended or has a tendency to deceive the public or impose upon credulous or ignorant persons and so be harmful or injurious to pub-

lic morals or safety, constitutes unprofessional conduct."

In these decisions, the courts followed as authority for their conclusions a decision by the United States Supreme Court sustaining the validity of an Oregon statute of this character.

"We do not doubt the authority of the state to estimate the baleful effects of such methods and to put a stop to them," said that court, of these laws. "The legislature was not dealing with traders in commodities but with the vital interest of public health and with a profession treating bodily ills and demanding different standards of conduct from those which are traditional in the competition of the market place.

"The community is concerned with the maintenance of professional standards which will insure not only competency in individual practitioners but protection against those who would prey upon the public peculiarily susceptible to imposition through alluring promises of physical relief. And the community is concerned in providing safeguards not only against the deception but against practices which would tend to demoralize the profession by forcing its members into an unseemly rivalry which would enlarge the opportunities of the least scrupulous. What is generally called the ethics of the profession is but the consensus of expert opinion as to the necessity of such standards."

Against this background of authority the decision upholding the validity of this Connecticut statute was preordained. The constitutionality of the provisions included in the statute against advertising by the operators of dental laboratories, however, was beyond the boundary of the public welfare fostered by the courts. In decreeing the prohibitions in this recent amendment against advertising by dental laboratories to be void, the Connecticut court said,

"It is proper for the legislature to forbid the advertising of acts and conduct which it properly defines as the practice of dentistry. In the instant case, however, the statute is so sweeping in its effect that it even forbids the advertising of certain enumerated services which are permitted if they are performed under the direction of a duly authorized dentist.

"If this law is valid, those in the business generally performed in a dental laboratory are prohibited from doing anything to make known the availability of their services. They are dependent exclusively upon the customers a licensed dentist may send them. The connection between such a drastic and unreasonable regulation and the public welfare is so tenuous that upon the principles heretofore stated, the operation of the statute relating to advertising cannot be legally justified. We hold this portion to be unconstitutional."

3712 75th Street Jackson Heights, Long Island

### THE EISENHOWER CHILDREN AS DENTAL PATIENTS

How President Eisenhower's grandchildren, Anne, 5, and David, 6, react to the dental experience is described by John Harrison Pollack in his exclusive story of the family life of John and Barbara Eisenhower and their three children, published under the title The Young Eisenhowers in Good Housekeeping Magazine:

"Temporarily Anne is wearing a thin metal band on her baby teeth for a minor dental correction. Both Anne and David have visited the dentist at regular intervals since their first flouride treatments at the age of three. This early beginning and correct handling by both dentist and parents have enabled them to take their dental visits as a matter of course. Instead of fearing the dentist's chair, they actually enjoy it.

"The Eisenhower children are good dental patients—no whimpering, no whining, no hanging back," reveals Dr. Edward J. Ryan, a family friend who edits Dental Digest and Oral Hygiene."



Doctor and Mrs. Michiels-Photograph courtesy of the Chicago Daily News.

# Paralyzed Dentist Marries and Begins New Career

Courage and generous friends help Illinois dentist face tragic handicap.

# BY ROBERT SEAVER\*

THE WORLD has a new look for Doctor Thomas Michiels of Park Ridge, Illinois.

Nearly two years ago life was at its darkest for the redhaired dentist. He, his wife, and their eldest son lay stricken with poliomyelitis. In the months that followed, Mrs. Michiels died of the disease. Doctor Michiels, paralyzed from the neck down, was told he could never practice again.

Yet today, sitting in a wheel chair, Michiels can smile and say: "I feel I'm the luckiest guy in

the world."

For Doctor Michiels, 31, still almost completely paralyzed, is looking forward to a future right out of the storybooks. It includes marriage, a dream house, and a business of his own.

The story behind this bright outlook is one of helping hands, faithful friends, and a generous dose of courage. Courage radiates from the tall, smiling dentist as he talks of the woman who became his bride October 30. She, a pretty brunet of 26, reflects his happy mood in her own smiles.

The two met in Columbus Hospital, where her husband, Floyd,

also a polio patient, was Michiels' roommate. Wallace died of the disease.

"But Rhea kept on coming to visit me," said Michiels. "When she visited Floyd, I saw what a wonderful girl she was—how loving and devoted."

The two laugh like a couple of teen-age "steadies" as they tell how their romance blossomed.

"Diversey Park Harbor is a wonderful place for romance," said Michiels. Rhea Wallace took him there often after he moved from the hospital to the Granville Manor Convalescent Home, 1021 Granville.

"I like to fish," he said. "But we didn't do much fishing. We talked a lot.

"I'm really lucky," he repeated.
"To be able to sit here visiting—to have a wife and all these wonderful things coming to me—a business of my own, a home for the kids."

Besides Bobby, 7, who is paralyzed from the waist down as a result of poliomyelitis, Michiels has two boys, Dennis, 2, and William, 3. The three have been living with relatives. Mrs. Michiels has a daughter Windy, 3.

"So you see, I've not only gotten a wife, but a lovely daughter. And you should see that daughter," says Michiels.

But behind the laughter were a dark two years, beginning with October, 1952, when Michiels had invested his savings in a Park Ridge practice. Before he could

<sup>\*</sup>Reprinted by courtesy of the Chicago Daily News.

move his family there from Calumet Park the disease struck, leaving them destitute.

As the dentist's life crumbled, helping hands started to assist. Park Ridge residents and Loyola University dental school classmates started funds that raised over \$15,000. It is the money from these funds that has allowed Michiels to buy a home on the north side of Chicago into which he and his bride moved when they were married.

"And I'm going to start a dental laboratory," he says. "If it will only succeed—and I'm sure it will—everything will be wonderful." He plans to supervise service for his dentist friends, and hopes eventually to regain enough use of his arms to do some of it himself.

The dream house is something for the more distant future. It is a \$35,000 ranch-style building designed by a fellow polio sufferer, Guy Parker, another former roommate.

"That's our goal," said Michiels,

looking at a model, complete with laboratory attached.

Mrs. Michiels, who has been studying to be a dental technician so she can help in the laboratory, has no doubts.

"I'm sure it will succeed," she said. "I really have a lot of confidence in him. We both say we are going to try to make this whole thing work—and we know it will."

"I think what inspired both of us," said Michiels, "is the kids. When Bobby heard us talk about it, he said, 'A home of our very own? Gee, that's what I want. If you use up all your money, I'll give you some.' He meant his piggy bank.

"They want a home of their own. Polio can break up a family terribly. We want to make ours whole again."

Michiels and his wife joke a great deal. "That's one thing polio didn't hit," said Michiels. "The twinkle in my eye."

400 West Madison Street Chicago 6, Illinois

# LINDBERGH GIVES PULITZER \$500 AWARD TO DENTAL SCHOOL

BRIGADIER General Charles A. Lindbergh has turned over the \$500 Pultizer Prize award money won earlier this year by his biography, The Spirit Of St. Louis, to Columbia University's School of Dental and Oral Surgery.

Doctor Maurice J. Hickey, dean of the dental school, said the fund will be used for the maintenance of the school's dental museum, which is a historical display of the progress of dental technology.

In announcing the gift, Dean Hickey explained that General Lindbergh's grandfather, Charles Land, had been a dentist and a pioneer in the preparation of porcelain jackets.



# **Dentists in the NEWS**

Philadelphia (Pennsylvania) Daily News: Lieutenant Thomas L. James, a Philadelphia resident who became the first Negro dental officer in the regular Navy, has been cited by Fisk University Nashville, Tennessee, by a score of outstanding local citizens for his accomplishments. He recently reported for duty as assistant dental officer at the Philadelphia Naval Shipyards. In 1951, he was commissioned as a Lieutenant junior grade in the Naval Reserve. Prior to his current assignment he was attached to the U.S. Fleet Activities in Sasebo, Japan, where he served as assistant dental officer, division officer on the Gold Inventory Board, and on the Board of Medical Examiners. <

A native of Pensacola, Florida, and a graduate of Fisk University, Lieutenant James received his dental degree from Meharry Medical College in Nashville.

Lynn (Massachusetts) Telegram News: At the invitation of Doctor Francisco Degni, president of the Organizing Committee of four Brazilian dental congresses, Doctor Joseph M. Purcell presented a clinic in São Paulo, Brazil, in October on the subject "Purcell Roofless Denture." The congresses, which were international in character, represented part of the year-long celebration of the Four-Hundredth Anniversary of the city of São Paulo.

Doctor Purcell, a native of Dublin, Ireland, is a long-time resident of Phila delphia, and received his dental degree from Temple University in 1917. In commenting on his impressions of the dental congress at which he was a guest,

Doctor Purcell said, "I received the honor of an invitation to address the combined dental congresses because of my article entitled a Technique for ROOFLESS DENTURES published in 1944 in DENTAL DIGEST and later reprinted in the Latin American Edition of ORAL Hygiene, which is read by 18,000 dentists throughout Latin America. My reception and treatment were extremely courteous, and my visit to São Paulo most memorable. This modern and surprising metropolis of close to 3,000,000 people amazed and intrigued me, My audiences were thrillingly interested and absorbed."

New York (New York) Times: In his research at Ohio State University's College of Dentistry, Doctor Steve Kolas has found that saliva in the human mouth possibly holds a clue to an anticancer agent. He believes that this may explain why cancer of the mouth has not increased as lung cancer has paralleled the increase in tobacco consumption. Doctor Kolas applied a cancer causing chemical to the roofs of the mouths of mice, letting the chemical spread to other parts of the mouth and face. Six months later no cancers or other significant changes had developed on the skin of the faces. The continuous cleansing action of the salivary flow, which diluted and removed the cancercausing chemical at the same time, in the opinion of Doctor Kolas, is the chief reason why no cancers developed in the mouths of the mice.

Up to this time no cancer preventive has been found in saliva, but Doctor Kolas believes that if such an agent exists and can be isolated, it might save the lives of 5,000 to 6,000 Americans who die each year of oral cancer, and might also have wide applications in the continuing fight on all forms of cancer.

Connecticut Motorist: As an aftermath of Hurricane Carol that besieged the East Coast, the Connecticut Motor Club found a ready assistant in Doctor Peter H. Iaccarino of 506 Orange Street, New Haven, operator of short wave Station WIDJZ. With all the customary news-gathering avenues closed, this dentist-radio operator 'was able to supply information and give assistance to members of the club in the disaster area.

This was not Doctor Iaccarino's first emergency service. When the tornado struck Worcester, Massachusetts, the telephone service to New York was jammed, so he picked up calls from Fort Buchanan in Puerto Rico, and transmitted them by means of what is known as "phone patch" so that men in Service could speak directly with relatives in the Worcester area. About ten years ago the dentist began to develop an interest in electronics in the high fidelity field. He now has friends all over the world and thinks little of chatting with operators in South Africa, Australia and Japan, and even has clearance to talk with Russia.

Indianapolis (Indiana) Star: A certificate of appreciation for work in combating Communism was presented to three Indianapolis men at the first Hoosier Counter-Subversive Seminar, sponsored by Broad Ripple, American Legion Post 312. One of the three was Doctor Harry H. Nagle, Indianapolis dentist, who has made a 20-year study of Communist infiltration in the United States and throughout the world. He has made many talks before luncheon clubs, patriotic organizations and in schools. He has also been instrumental

in seeing that American flags are placed in every school in the city of Indianapolis,

New Orleans (Louisiana) Times Picayune: Two New Orleans dentists who make a hobby of being magicians presented some of their best tricks for the entertainment of delegates to New Orleans Dental Conference, Doctor A. C. Broussard, past-president of the Louisiana State Dental Society, and Doctor Meffre Matta, president-elect of the New Orleans Dental Association. both belong to Ring 27. International Brotherhood of Magicians, Doctor Broussard feels that his proficiency in card tricks entitles him to be called a "cardician," while Doctor Matta specializes in Chinese magic and dresses himself as a mandarin.

Des Moines (Iowa) Register: For some time G. I. G. Shambaugh of 1236 41st Street had hoped to buy a small airplane. Then he changed his mind because of his parents' strong sentimental attachment for an old country church, the Evangelical United Brethren. It had been abandoned ten vears before, and when Doctor Shambaugh heard it was going to be torn down, he decided to buy it for his parents. Ever since, he has been busy painting and otherwise renovating the building, and has invested \$1400 in it. "I don't know what use is going to be made of the church," he said. "But if there should be strong movement for a group to use it for services, I should be more than happy to permit it." As for Doctor Shambaugh's plans for buying a plane, he no longer mentions them.

Albany (New York) Times Union: WROW radio and television stations have been sold, subject to Federal approval, to a group headed by Lowell Thomas, according to Doctor Frank V. Sutland, dentist of Albany and Troy,

and president of the Hudson Valley Broadcasting Stations. Plans are being made, if the sale is approved, to extend the station's television coverage north and west. The purchase price was reported to be in excess of \$350,000.

Cedar Rapids (Iowa) Gazette: Doctor Frederick J. Walter of McGregor has been elected Republican State Representative from Clayton County. As he is the only dentist in two towns, his absence, while the general assembly is in session, will create a critical situation for McGregor and Marquette.

Pennsylvania Jewish Exponent: Colonel William Perry has been awarded the Armed Forces Reserve Medal, the first person in this area to receive the award for 25 years of distinguished service. Colonel Perry also earned the Faithful to Duty Medal while serving as Regimental Dental Surgeon of the 11th Infantry from World War I up to and including World War II. At present he is a director of Lincoln College and Preparatory School and vice-commander of the Veteran Guard, 3rd Regiment Infantry.

Detroit (Michigan) News: Michigan's newest member of the select Life Master Group of bridge players is a Detroit dentist, Doctor William W. Greenburg. He won this title when his teams in the Inter-City Team-of-Four won first place in a bridge tournament, giving him the 300 master points needed for the coveted gold Life Master award.

Philadelphia (Pennsylvania) Bulletin: Doctor Jean Pequignot of Nancy, France, looked into his reception room recently and saw a two-year-old circus lion.

"His molar hurts," trainer Jack Reix told the dentist. Once installed in the dentist's chair, the lion opened his mouth and growled only a little when Doctor Pequignot cautiously administered the anesthetic. The dentist extracted the tooth, then told his assistant:

"Tell the rest of the patients to go home. I feel nervous."

Syracuse (New York) Herald American: At the 11th annual art exhibition of the Onondaga Historical Association. Doctor Robert Hager won the highest honor, a \$100 purchase award offered by the Merchant's National Bank for the most suitable oil painting of old Greenpoint Toll Gate. The painting, enhanced by golden autumn foliage, will be hung in the bank's regional associated market office, Doctor Hager who lives at 152 Milford Drive West, was paid in silver dollars. Ninety paintings, graphics and models were included in the show. Sponsors of the exhibition were the associated artists of Syracuse, Onondaga Art Guild, Syracuse Print Makers, and the Historical Association.

Binghamton (New York) Sun: The Broome County Dental Society has voted to establish a postgraduate school for advanced study in modern concepts of dentistry, according to Doctor Robert S.Brooks, president of the society. The school, which is expected to open January 1, will be set up on a seminar basis, and instruction will be by outstanding teachers from various schools in the state. The project will be financed by the Broome County Society, in cooperation with the First District Dental Society of the State of New York.

Des Moines (Iowa) Register: Doctor Donald J. Goen, 54, Manchester dentist, was presented before 2,000 students, alumni and faculty members of the State University of Iowa as the "Dad of the Year." A 1924 SUI College of Dentistry graduate, Doctor Goen, who is the father of two daughters, was selected for the honor on the basis of his service to the University and the community in which he lives.

Milwaukee (Wisconsin) Journal: Lieutenant Doren F. Wehrley, a Milwaukee dentist, and his family returned home recently from the Far East where as a naval reserve officer he served with an Army artillery unit in Korea. When he was transferred back to a Navy unit, his wife and son Steven joined him in Japan. Lieutenant and Mrs. Wehrley now have two more children, three-months-old Carol Ann, and an adopted Japanese-American girl, Marsha, 3. It was the death of their twenty-one-month-old daughter, Jean Louise, of a rare form of meningitis in Japan, which prompted the Wehrleys to adopt Marsha from a Tokyo Red Cross Orphanage. Because she is a child of mixed parentage, she faced an uncertain future in Japan.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Lillian Eagan, 449 Western Avenue, Albany, New York

Wallace M. Depew, 1606 Sanderson Avenue, Scranton 9, Pennsylvania

Robert M. Shernow, D.D.S., 68 East Main Street, Meriden, Connecticut

Leon G. Lederer, 931 Longshore Avenue, Philadelphia 11, Pennsylvania

A. Colburn, 16875 Sussex, Detroit 35, Michigan

Louis L. Binder, D.D.S., 5237 North Fifth Street, Philadelphia 20, Pennsylvania Lisbon Schmeiske, D.D.S., 198 Court Street, Binghamton, New York

L. A. Cloud, 1223 St. Mary Street, New Orleans 13, Louisiana

R. B. Moore, D. D. S., Box 237, Allerton, Iowa

D. P. Bender, D.D.S., 180 Lexington Avenue, New York City, New York

W. Griswold, 21 Summer Circle, Lynn, Massachusetts

N. Minster, 54 North Pearl Street, Albany, New York

Theodore Katz, D.D.S., 2802 Grand Concourse, Bronx 58, New York

William R. Fulton, D.D.S., 5503 East Washington Street, Indianapolis, Indiana

M. M. Walz, 2826 West Chambers Street, Milwaukee 10, Wisconsin

G. A. Westreich, 88-24 150th Street, Jamaica 35, New York

Genevieve Burke, 418 18th Street, Southeast, Cedar Rapids, Iowa

## CAN YOU USE A DOLLAR?

To every reader who contributes a newsworthy item, something unusual about a dentist, which is published in Dentists in the News, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be acknowledged or returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

## YOUTH WHO EXTRACTED HIS OWN TOOTH IS DEAD

Bobby Robertson, a 17-year-old youth, who extracted his own abscessed tooth with a pair of pliers and probed for the root with a rusty nail, died of blood poisoning in Hollywood, Florida. Although removed to a hospital from the trailer where he lived with his brother, physicians' efforts to prevent spread of the blood poisoning were unsuccessful.—Chattanooga Tennessee Times.



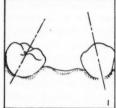
# **TECHNIQUE** of the Month

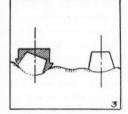
Originated by W. EARLE CRAIG, D.D.S.

# Cast Gold Coping on Molar Creates Parallel Path for Fixed Bridgework

BY IRVING B. BENNETT, D.D.S.

Drawings by Dorothy Sterling

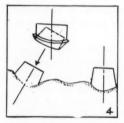




The case: Mesially inclined second molar and distally inclined second bicuspid are to be used as abutments for a fixed bridge supplying missing first molar.

Prepare bicuspid in the usual manner. With bite and the position of the pulp serving as guides, prepare the molar by removing all undercuts.

Take impression and make die. Wax up coping with a surrounding shoulder which is high enough on the mesial to avoid possible gingival impingement. Carve sides to proper angle to create parallel path between coping and bicuspid preparation.



Sprue, invest, and cast in gold. Cement gold coping to molar. Proceed with construction of bridge just as though the gold coping were a natural tooth preparation. (Impression for this abutment need extend only as far as the shoulder of coping.)

### Note to Contributors

We invite dentists to submit material for this page. \$10.00 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month, Oral Hygiene, 1005 Liberty Avenue, Pittsburgh, Pennsylvania

Editor's Note: A department similar to this one, "Clinical and Laboratory Suggestions," appears each month in Dental Digest.



# EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

# HAZARDS OF MIDDLE AGE

ONE OF the shocks of a lifetime is the first occasion when somebody calls you middle aged. The drift from the middle years into old age seems easier than the emotional trauma of passing from youth into middle life. Actually one leaves his days as a young man when he passes 40.

The largest proportion of the dental profession is made up of men. It is probably more than 90 per cent a masculine vocation, although there is no reason why it should be. Most of these dentists are older than 40. If these dentists follow the general trend, before they are 65 years old 9 per cent will suffer from coronary thrombosis, 4 per cent from duodenal ulcer, 3 per cent from cancer of the lung. Between 35 and 65 years of age, 30 per cent of the men who experience these diseases will die from them.¹ All these are conditions of degeneration. The specific causative factor has never been discovered for any one of them. There is a strong presumption that stress plays a part in all three of these diseased states.

In addition to the environmental stresses—hurry, worry, and indecision—are the physiologic stresses that come from eating too much of the wrong things, drinking and smoking in excess.

The role of nutrition in disease is becoming increasingly better known, although the lag between what is known by scientists and what is advised by physicians and dentists and what is practiced by the public is still too wide. It seems to take practitioners a long time to catch up on such fundamental truths as the relation between food and health. A terse and clear statement on the subject appeared several months ago in *The Journal of the American Medical Association:* 

"When we learn to eat day after day, month after month, year after year, all the essential nutrients, a higher degree of health will result, there will be a marked decrease in the degenerative diseases, and a prolonged, healthy life span will follow. Progress of the science of nutrition

<sup>&</sup>lt;sup>1</sup>Morris, J. N.: Middle-Aged Man's Mortality (Brit. Med. Ass'n) JAMA 155:1598 (August 28) 1954.

and growing knowledge of vitamins, minerals, and enzymes, place the physician in possession of facts that enable him to prevent and control the ever-increasing danger of degenerative diseases. Food intake should be based on what materials the body needs for its health and efficient function rather than on present-day perverted taste habits. The diet should be low in carbohydrates, low in fat, high in proteins, and high in foods that contain natural vitamins and minerals, such as whole grain products in the form of bread and cereal, fruit and fresh vegetables, and the intake of refined foods and sugars must be restricted or eliminated."<sup>2</sup>

It appears that we have been so concerned with the search for specific agents to prevent or control disease (antibiotics and fluoridation are two pertinent examples) that we have lost sight of the place of nutrition in disease. One need not become a food faddist or a nutrition crank to develop wise food habits.

The dentist who looks realistically at the hazards of middle life must be impressed with the fact that women appear to tolerate stress better than men are able to do. The incidence of coronary disease and lung cancer is considerably lower among women. Certainly the fact of cigarette smoking is not the sole answer because many women smoke cigarettes to excess. It would appear, therefore, that there is something "peculiarly lethal working in the male population." That lethal agent may be an excess of the male sex hormones.

All those vital substances—hormones, enzymes, catalysts, minerals, co-enzymes, vitamins—perform their roles in minute amounts. In studies of the interaction among these agents we may uncover the riddle of the degenerative diseases of the middle years. The hazards of middle life are many and, if the dentist is to carry on his affairs until the *natural* retirement age, he must recognize the stresses that begin to threaten him when he passes 40.

Educity Ayen

<sup>&</sup>lt;sup>2</sup>Martin, W. C.: Essential Nutrition in Geriatrics, Int. Record of Medicine, Reprinted in TAMA 155:1389 (August 14) 1954.



# DEAR ORAL HYGIENE

# **Dental Office at Home**

Now, just as we are enthusiastically settled in our new office-house, Charles Fitz-Patrick writes WHY I MOVED MY PRACTICE FROM MY HOME,1

As the wife of a dentist who has come home after twenty-three years of daily office living, let me say that I enjoy it. Of course, I love that certain gentleman, and it seems have never

seen quite enough of him.

We have always thought that being parted was unsatisfactory, and now that we are older and more mature, we know that being together is important for that is what we enjoy most. As a family we have lived in choice lake-view residential locations. Our homes have been sunny, airy, and quite charming. Yet my husband has spent most of his time in a small, two-windowed, rather ordinary dental office that was chosen primarily for its up-town busy location. In a city of this kind, there are no modern, beautiful professional buildings with attractive suites to rent. So there we were living in the best, whereas the patients from whence our income flowed. had only dull, average surroundings.

adapted for the use of a high-type, professional office, as well as a quiet, spacious home. We were fortunate to find an old English-style house that suits us perfectly. There is here no visible connection between the office and home, and sounds do not carry from one portion to another. So with a little imagination and about \$7,000, we broke into old, thick walls, added new ones, and

Of course, there are many houses ill

nearly wrecked a beautiful recreation room in the basement to install the elaborate plumbing necessary for the practice of modern dentistry. But now after all the shavings have been swept away and we and the dust have settled, it is just about perfect.

Our patients, too, are pleased-the articulate ones who express it in words and the others who just quietly settle down with a magazine in the sunny curve of the windows in the reception room. They all seem content and relaxed, despite the proximity to the dental drill.

Now I can assist my husband at those busy times when the office is crowded. the phone ringing and there is a waiting line for appointments and receipts, with everyone becoming a bit restless. Or I can be out of the way and busy in the house when there is only a patient or two, and the dentist and he have established a slower, more friendly relationship.

Here I have found the perfect combination of career and my first love, homemaking. With the help of a cleaning woman, and by sending our laundry out, we manage well. Even our elevenyear-old daughter has become so capable that she also can be classified as "help." Perhaps I would not be every dental surgeon's idea of a perfect assistant, but I do get along well with one, and we are happy living and working together like this. - ERNESTINE Brehmer, 1024 North Seventh, Sheboygan, Wisconsin.

# Social Security and You!

Well, you lucky people. Now you can

Fitz-Patrick, Charles: ORAL HYGIENE, 44: 1204, (September) 1954.

go to bed and rest assured that the bogeyman of creeping socialism will not touch you. Not ever. Not as long as that great fraternity, "The Mystic Knights of the Sea," with the largest lobby fund in Congress, can help it. No sir, you will not get Social Security. That is for common folks—the butcher, the baker, the candlestick maker, also the engineers, the architects and the ministers. Please do not forget that your nurse, your secretary and your janitor will get old-age security too. By the way, you pay for it!

Now you can begin all over again. Go take your courses on how to make and save a "buck." Naturally, tuition is a little higher these days. One course now costs \$750 and the other one nearly \$350. These courses teach you how to increase your fees to patients in a nice, respectable way. But it must be done ethically.

You old boys, who have saved thousands of teeth, treated little Johnny and never were paid, do not worry. A new campaign is being started to collect old silver and gold garbage cans. They will be collected in all the societies, and you, the indigent dentist, will be well cared

for. Anyway, you hope, or have you lost that too?

I expect I shall be censured by my confreres and called every name in the book. But then you should hear what some of my patients who have not paid their bills call me.

Is it not strange that those who generally speak against Social Security are the first ones to take advantage of it? Can you picture your congressmen and senators refusing to accept the services that Bethesda Naval Hospital offers? No, sir, they have more sense than we have. Just imagine your insurance agent giving you a paid-up policy of \$60,000 and your saying, "No, sir; this is for the poor common people." My guess is that he would call in a psychiatrist to talk to you.

But seriously, I dare the American Dental Association to take a popular vote of the working dentists and see what happens. I am not a betting man, but it is worth a 10 to 1 that the affirmative would be overwhelming. I wonder what the average dentist thinks of the lousy deal he has now, and, brother, this deal came from the bottom.

Well, if you do not see me around, you will know that they got me.—J. E. POLLACK, D.D.S., Dundalk, Maryland.

### PARTING GESTURES

When the patient is about to depart it is proper for the dentist to accompany her personally to the door, even if he has a young lady assistant; and a few moments of pleasant conversation and expression of regret that you were compelled to hurt a little, are at least an assurance to the patient that you were not intentionally rough, and are sorry that the nature of your work is such that pain accompanies it through no desire of yours.—Charles R. Hambly, D.D.S., The Practice Builder (1902).

### WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



# **ASK Oral Hygiene**



Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

# Vincent's Infection

Q.—Will you please answer the following questions for me?

Is 17 per cent chromic acid used in the treatment of Vincent's infection? I am not sure of the percentage. Also, is it necessary to reduce it with a spray of hydrogen peroxide after application?

Are equal parts of guaiacol and glycerine used in the treatment of dry sockets?—C.W.M., New Hampshire,

A.—In answer to your first question, it can be said that strong escharotics are contraindicated in the treatment of Vincent's infection; therefore, a solution of chromic acid stronger than 5% should not be used.

In using chromic acid, it is advised to place the amount that can be carried in cotton pliers between proximating teeth, and immediately place a like amount of hydrogen dioxide in the same interspace. The reaction will result in a nearly black fluid, which is not too escharotic, but which relieves the pain or discomfort of the highly inflamed or sloughing gingiva. One can then safely do the necessary subgingival scaling in a day or two.

I have never heard of guaiacol and glycerine being used in a dry socket. Guaiacol is a phenol obtained from wood creosote and is an antiseptic and germicide. Glycerine is used as a solvent, a preservative and an emollient in various skin diseases. I do not see just what part it would play in treating a dry socket which needs to have the exposed bone protected, for glycerine would combine with the fluids of the mouth as it is miscible with water.—G. R. WARNER.

# **Postoperative Sensitivity**

Q.—Last March I underwent an emergency operation for removal of my gall bladder. Since then my teeth have been sensitive to cold, sweets, toothpicks, dentifrices, percussion, and prophylaxis.

To date the sensitiveness has not decreased. Will this be a permanent condition? Or may I expect improvement in time?—M.F.R., Illinois.

A.—The complications following major surgery are difficult to predict, but such a serious operation as you had might have at least uncomfortable postoperative symptoms.

Many of my patients and some of my close friends have had their gall bladders removed, and most if not all of them have eventually made a good recovery with substantial benefits.

I have not known a case of postoperative sensitiveness of the teeth, but I suspect it is partly a general neurologic condition that will eventually disappear.



Me Miller Mar

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for the longest

protection
against decay
ever offered
by any dentifrice!



# Here's proof AMM-I-DENT WITH SLS protects the teeth with "inside and outside action"

# AMM-I-DENT now has the combined advantages of the best dentifrices available



The high urea in Amm-i-dent has strong antiensyme action and inhibits bacterial growth. In addition, urea, because of its small molecular size, diffuses rapidly through both intact and carious enamel. Urea penetrates freely to dentin and pulp. Later, when the urea outside the tooth is reduced, the urea inside proceeds outward. This action reinforces the protective barrier against caries. Amm-i-dent's exclusive high-urea formula is the only dentifrice with confirmed, published elinical background. 1.2.3.4.5.6.

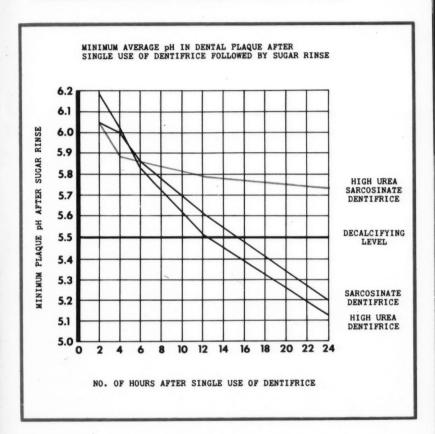
Now an important new ingredient has been added to Amm-i-dent—sodium N-lauroyl sarco-sinate. The SLS in Amm-i-dent has strong bacteriostatic, anti-ensyme and anti-acid properties. In addition, SLS has a strong adsorptive affinity for both enamel and plaque. It is a wetting agent

with strong clinging and penetrating action. By building a decay barrier outside the tooth it reinforces the urea barrier inside the tooth. 7.4

The SLS in Amm-i-dent resists flushing and combined with urea protects teeth longer than any other dentifrice.

\*SLS Amm-i-dent brand sodium N-lauroyl sarcosinate, anti-enzyme, anti-bacterial detergent.

# effects of AMM-I-DENT'S "inside-outside action" with SLS



# MINIMUM AVERAGE PH IN DENTAL PLAQUE AFTER SINGLE RINSE OF DENTIFRICE FOLLOWED BY SUGAR RINSE<sup>8</sup>

Note on the chart how either a high-urea dentifrice or a sarcosinate dentifrice protects teeth about 12 hours. But when you combine the two ingredients in one dentifrice the protection lasts twice as long as either. This longer-lasting protection is obtained from the new Amm-i-dent formula with SLS.

# HERE IS THE CLINICAL EVIDENCE

- Six published clinical studies confirming decay reducing properties of High Urea Amm-i-dent formula.
- 2) Clinical and laboratory studies on a sodium N-lauroyl sarcosinate dentifrice indicated a substantial reduction in tooth decay, as well as longer lasting protection. 7.0.
- Early reports from large-scale clinical tests of High Urea Amm-i-dent with SLS show a greater decay reduction than ever before obtained from any other dentifrice.
- 4) Clinical studies have specifically demonstrated a caries reduction with animals of about 90 per cent following the use of SLS in a high-urea ammoniated dentifrice (Amm-i-dent).<sup>2</sup>

Amm-i-dent is recommended by more dentists than any other dentifrice. Now new Amm-i-dent with SLS gives you a better reason than ever to recommend Amm-i-dent to your patients. It is available in white and chlorophyll (green).



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Amm-i-dent Incorporated, Jersey City 2, N. J.

Under your physician's direction, it might be wise to take Vitamin B intramuscularly.

The sensitiveness of the necks of the teeth can be alleviated by the use of glycerine on the toothbrush. You should be careful to work the bristles between the teeth and under the gingival margins. A multitufted toothbrush would be indicated for this treatment. And, naturally, you should be sure your teeth are not under occlusal trauma.—G. R. WARNER.

# Possible Fluorosis

Q.—I have a patient, a woman 22, whose upper central incisor teeth have whitish spots, similar to those often seen on fingernails, which at times seem especially prominent.

She says she has had these spots as long as she can remember and that they seem more prominent when she is tired or ill. Can you explain this peculiar phenomenon?—J.G.T., Pennsylvania.

A.—This is probably a case of fluorosis. Was this child living in an area with excess fluorine in the drinking water at the time these centrals were forming?

Usually by this age these white spots have turned brown.

If they are brown they can be bleached, but the only way to eliminate the white spots is to place jacket crowns on the teeth.—V. C. SMEDLEY.

### Premedication

Q.—I am searching for a good premedication for surgical patients and for patients who have a low threshold of pain, I am interested in a drug that is safe for use orally or intramuscularly, that is fast acting, and of short duration (two hours or less).—J.C.F., Texas,

A.—In our practice we use little premedication. We find that a complete diagnosis, including a case history, prepares us for most eventualities in needed surgery. If there is a heart condition that would possibly make the administration of a local anesthetic or surgical procedure hazardous, we consult the patient's physician and are guided by his advice in any needed treatment. The barbiturates seem to be the best for premedication in the use of any type of procaine.—G. R. Warner.

### Local Anesthesia

Q.—I have a man patient who recently seemed to be allergic to local anesthesia.

At the source of injection there was no sluffing or soreness, but in the general area of the injection, the patient's face became swollen and firm to the touch. This caused him some discomfort and lasted about a week to ten days. This patient has a similar reaction when he receives a hay fever injection. I am wondering what there is in this local solution that he is allergic to and whether you have any suggestions as to what I might use in the future.—C.H.F., Michigan.

A.—My associates, who use nerve blocking routinely for operating and extracting, tell me that injecting rapidly into muscle tissue can cause such swelling and that a few patients swell this way regardless of how slowly the injection is made or what anesthetic is used. However, they have never known of any serious or permanent injury to result from this condition.—
V. C. SMEDLEY.

# **Hypertrophic Gingivitis**

I had a case of hypertrophic gingivitis, similar to the one mentioned in the June issue of ORAL HYGIENE, in my practice for three years. Gratifying results were obtained by giving the patient 100 mg. of vitamin C before meals

and 100 mg. of nicotinamide after meals. The patient was also instructed to massage his gingivae each night with a rubber-tipped toothbrush.

His physician is prescribing sodium dilantin in the treatment of epilepsy.

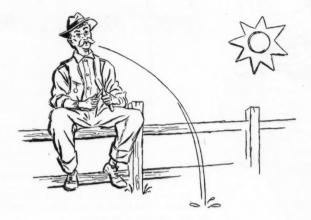
Incidentally, when the vitamins are discontinued for any length of time, hypertropy returns.—J. R. Russell, D.D.S., 904 Medico Dental Building, San Diego, California.

# SO YOU KNOW SOMETHING ABOUT DENTISTRY!

(See page 43 for questions)

# ANSWERS TO QUIZ CXXIV

- True. (Blair, V. P.; and Ivy, R. H.: Essentials of Oral Surgery, ed. 4, St. Louis, The C. V. Mosby Company, 1951, page 269)
- (a) completely. (Silverman, M. M.: Speaking Centric, D. Digest 56:106 [March] 1950)
- 3. To avoid impingement on the nasopalatine nerve which might cause a burning sensation. (Grossman, L. I.: Handbook of Dental Practice, ed. 4, Philadelphia, J. B. Lippincott Company, 1952, page 464)
- 4. A six to eight per cent setting shrinkage and a coefficient of expansion seven to eight times that of tooth structure. (Rubin, M. K.: What's Wrong With Self-Curing Acrylic Resins?, Annals of Dentistry 12:65 [June] 1953)
- (a) rapid. (Sarnat, B. G.; and Schour, Isaac: Oral and Facial Cancer, Chicago, The Year Book Publishers, 1950, page 156)
- Usually treatment should be started as soon as the condition is recognized. (Nelson, B. A.: Rational Timing of Orthodontic Treatment JADA 47:144 [October] 1953)
- 7. (c) 8 or more hours. (Accepted Dental Remedies, 19th Edition, American Dental Association, 1954, page 95)
- 8. True. (Sicher, Harry: Oral Anatomy, St. Louis, The C. V. Mosby Company, 1949, page 272)
- Yes. (Symposium: Sugar and Dental Caries: The Effect on Teeth of Sweetened Beverages and Other Sugar-Containing Substances, JADA 47:414 [October] 1953)
- (b) radiopaque. (Massler, Maury; and Barber, T. K.: Action of Amalgam on Dentine, JADA 47:420 [October] 1953)



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### **WERNET DENTAL LORE**

JANUARY, 1955 =

Three hundred years ago, Lazare Rivière, a professor in the University of Montpelier, enumerated the several steps involved in his treatment of toothache, including; first bleed the arm; then administer an aperient; then cup the region of the scapulae or spine; then apply blisters to the nape of the neck and behind the ears, and resinous plasters to the temples; then drop into the ear of the affected side oil of bitter almonds, or a mixture of hot vinegar and pennyroyal; and meanwhile insert, into the carious cavity a cautery, aqua fortis, or oil of vitriol. Upon repetition of this treatment several times, the tooth (he reported) gradually falls to pieces. Whether the patient does or not, he didn't say!

One of the interesting personalities of early nineteenth century dentistry in this country was Eleazer Gidney, who practised in New York from 1836 to 1838. Although medicine was his first love (he touted the "certainty" of Eleazer's Cancer Cure), he embarked on dentistry in 1817, and became outstandingly successful. An honorary member of the American Society of Dental Surgeons, and widely travelled, he also possessed a large estate inherited from his father, embracing twelve farms of 52 to 850 acres, with houses and a factory, on the banks of the Hudson River opposite Hyde Park.

Dental operations were performed in Rome as early as 450 years B.C. In the Laws of the Twelve Tablets, dated that year, are references to teeth bound with gold.

Curious remedies for toothache among the ancients were legion. The Roman, Celsus (25 B.C.-50 A.D.) reports that a patient with a toothache was instructed to bite off a piece of wood which had been struck by lightning, and to touch the sick tooth with it while keeping both hands behind the back.

The Golden Temple of Amritsar, the home of the Punjab Sikhs, is one of the architectural beauties of the world, and a symbol of India's striving after spiritual beauty. India is also the homeland of Gum karaya, a product which makes its contribution to physical beauty and well-being, as the base of Wernet's Powder.

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## LAFFODONTIA

Little Betty was crying bitterly. Her mother asked what was the matter.

"Boo hoo! My new shoes hurt me!"
"Well, no wonder! You have them on the wrong feet," replied Mother.

Betty kept crying and would not be comforted. "I haven't my other feet," she cried.

A gentleman was much surprised when the good-looking young lady greeted him by saying, "Good evening." He could not remember ever having seen her before.

She evidently realized that she had made a mistake, for she apologized and explained:

"Oh, I'm so sorry. When I first saw you, I thought you were the father of two of my children."

She walked on while the man stared after her. She did not realize, of course, that he was unaware of the fact that she was a school teacher.

"And what are you doing now, honey?"

"Singing in a night club."

"With a band?"

"Oh, no," she tittered, blushing like a sunset. "I wear much more than that."

Friend: "Why did you name your boy Reginald Clarence?"

Customer: "Because I wanted him to be a good fighter. I figure that in our neighborhood a boy named Reginald Clarence has got to fight."

Lost Man: "I hear you lost your temper yesterday."

Neighbor: "Yes, but she'll be back tomorrow."

Girl: "Why was Adam created first?" Bill: "To give him a chance to say something."

Friend: "My wife can talk for hours on any subject."

Local Man: "My wife doesn't need any subject."

Business man: "We want a girl to sell kisses at the bazaar. Have you had any experience?"

Pretty Girl: "I went to college."
Business Man: "You're hired."

First Doctor: "Then we decide not to operate?"

Second Doctor: "Yes. What do you think we ought to charge him for deciding not to operate?"

Park Idler: "I could have sworn I saw one of those statues move."

Nearby Policeman (snorting): "Them's not statues, they're city workers."

Wife: "Why are you positive your husband is faithful?"

Friend: "He never looks scared when I tell him he talks in his sleep."

He (explaining a baseball game): "First of all, Blondie, ball-playing is done on diamonds. Remember, now there's a connection between playing ball and diamonds."

Blondie: "Sure, I know all about it." He: "Whadda ya mean, ya know all about it?"

Blondie: "Well, my boss says if I'll play ball with him I'll be wearing diamonds."

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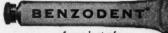
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- Each tube contains enough Benzodent for the average denture "break-in" period. Each application is effective 10 to 36 hours, will not dilute or wash away, is easily renewed by the patient.

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- 2. 60 Personalized Five-Phase Anterior Denture Arrangements
- 3. 32-page Book: Varied Labial Surfaces and Their Relation To Scientific Tooth Selection



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When you find it desirable to deviate from "standard" sets and standard colors, the arrangement of the Five Phase Anteriors in the co-ordinate size mold system with their co-acting proximals simplifies transposition of Centrals, Laterals and Cuspids from different sets. Furthermore the controlled brilliance of Veri-Chrome tooth colors permits the use of more than one color in a single denture for natural color effects.

You can also select Five Phase Anteriors in your choice of the famous time-tested Veri-Chrome Porcelain or Verident Plastic—the plastic of unchallenged superiority.

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Of 12-24 Hour Effectiveness In Caries Control

Available clinical evidence indicates that this new formula will provide your patients with the finest protection against caries ever offered by a toothpaste!

A remarkable advancement in the field of Oral Hygiene was anticipated by the publication in the Journal of Dental Research for August, 1953, of a paper describing the long-lasting effectiveness of certain ingredients in controlling acid formation at the tooth surface.

Clinical evidence, establishing the effectiveness of these ingredients in caries control, is now available. Yes, the results of year-long clinical tests by a research team from leading dental colleges, show that New Colgate Dental Cream with Gardol (Sodium N-Lauroyl Sarcosinate)\* showed the greatest reduction of tooth decay in toothpaste history!

X-ray examinations showed that approximately 80% of the people in the

group using Colgate Dental Cream with Sodium N-Lauroyl Sarcosinate developed no new cavities during the year, and fewer than 6% developed more than 1 cavity. On the other hand, about 45% of those using ordinary toothpastes developed from 1 to 6 cavities during the year.

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normal sleep. The action of these drugs in combination is rapid; and if the patient is not disturbed, the sleep may continue from one to five hours. There are no undesirable changes in the vital functions."

Gurdjian, E. S., and Webster, J. E., Amer. J. of Surgery, 63:236, 1944.

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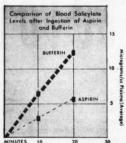


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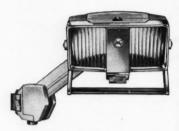
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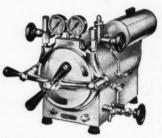
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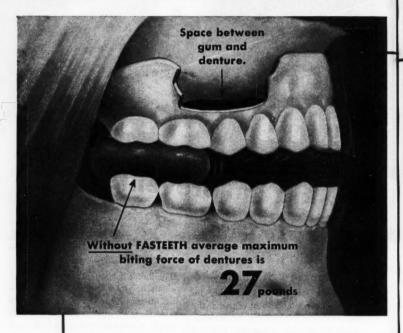
Happily for dentistry, there is a material wholly free from foredooming weaknesses. This godsend is Gold Foil! In stability of form, it is supreme. Its hardness is tough; its crushing-resistance, high; and its flowage, low. Its strength, when built out to thin edges, greatly surpasses that of any other restorative material!

For helpful data about this wonderful material, mail lower portion of this page with your card or letterhead to Morgan, Hastings & Co., 2314 Market Street, Philadelphia 3, Pa. – Established 1820.

Only GOLD FOILS are immune from foredoomed failures!



# **BITING FORCE OF**



MAXIMUM biting force of first molars in a natural dentition was known to be 110 pounds.<sup>2</sup>

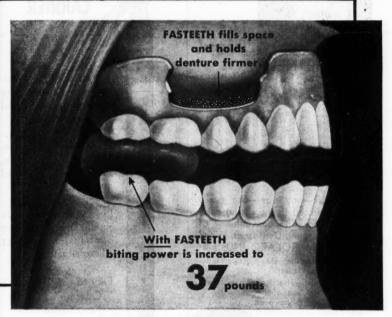
On a series of tests run by a large dental college on one hundred denture wearers, average maximum biting force was found to be 27 pounds.<sup>1</sup>

The same one hundred denture cases were subjected to identical tests, with the addition of denture powder. Average biting force was found to be 37 pounds or an average increase of 37%!

The denture powder used in these tests was FASTEETH.

# DENTURES RAISED

Tests Show How Special Denture Powder Raises Average Maximum Biting Force of Dentures 37%



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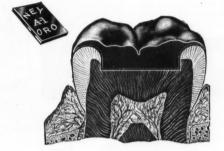
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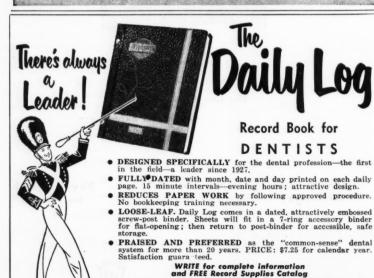
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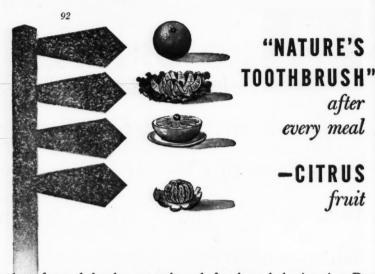




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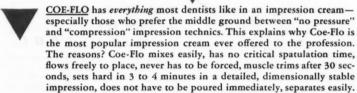
\*Am. Dent. Assoc.: Diet and Dental Health, Chicago, 1954, p. 8.

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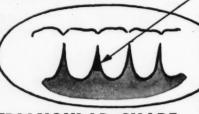
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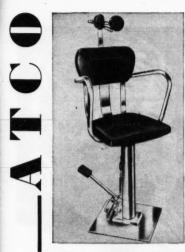
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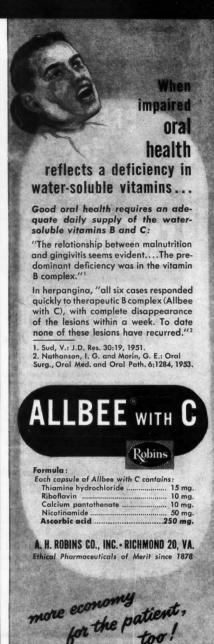
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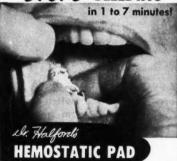
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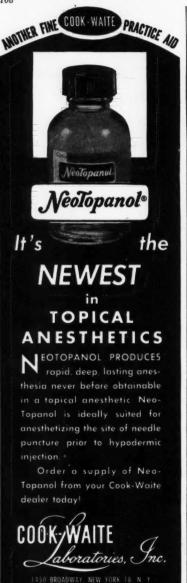
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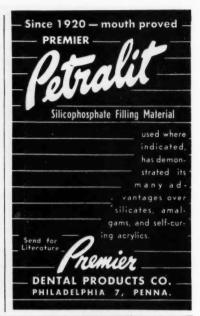
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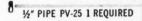
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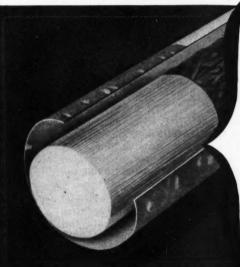
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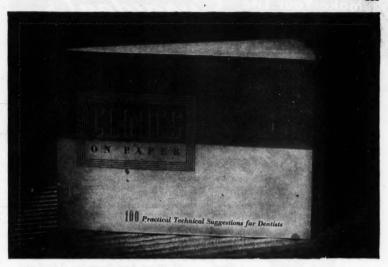
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